Total Pages

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

上記式NAMED INVENTOR OR APPLICATION IDENTIFIER: STEIN ET AL. MEDICAL LEAD AND LEAD CONNECTOR SYSTEM

jc720 U.S. PTO 10/040143

		MOLLY CHLEBECK				
_		Printed Name Molly Chlinich				
BOX PA	sioner for TENT AP gton, D.C.	Patents Signature () PLICATION				
	Sir:					
X		We are transmitting herewith the attached: Application Transmittal				
X		ication:				
	-	Total pages: 28 (including claims and abstract: Spec. 22 sheets; Claims 5 sheets; Abstract 1				
X	Drawir	ngs:				
XOLDIA:		Total sheets: 22				
\boxtimes	Combined Declaration and Power of Attorney:					
and the second	\boxtimes	unexecuted copy from prior application				
		Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37				
4		CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or				
T E T T T T T T T T T T T T T T T T T T		declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.				
1	Accom	panying application parts:				
		Notification of filing a				
		Assignment of the Invention to Medtronic, Inc. Assignment cover sheet				
•		Information Disclosure Statement				
		PTO Form 1449				
		Copies of IDS citations Preliminary Amendment				
	□ X	A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard				
IF A CC	ווטמודמ	NG APPLICATION:				
	\boxtimes	Continuation				
		Amend the specification by inserting before the first line the sentence: This application is a _ continuation _ division _ continuation in part of application number, filed				
		Cancel in this application original claimsof the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)				
	\boxtimes	The prior application is assigned of record to Medtronic, Inc.				
		The Power of Attorney in the prior application is to:				

	This application claims the benefit of U.S	. Provisional Application(s) Serial No.(s), filed
X	Address all future correspondence to:	Beth L. McMahon, Reg. No. 41,987
		Medtronic, Inc., MS 301
		710 Medtronic Parkway
٥		Mailstop LC340
		Minneapolis, Minnesota 55432
		Telephone: (763) 514-3066
		Facsimile: (763) 505-2530

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	26	20	=	6	x 18	\$108.00
Independent Claims	5	3	=	2	x 84	\$168.00
Multiple Dependent Claims			****	0	+ 280	
Basic Filing Fee				· · · · · · · · · · · · · · · · · · ·		\$740.00
				-	TOTAL	\$1,016.00

Charge Deposit Account No. 13-2546 the amount of \$1,016.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

3, 2002

x x Date

Beth L. McMahon, Reg. No. 41,987

MEDTRONIC, INC.

7000 Central Avenue N.E. Minneapolis, Minnesota 55432

Telephone: (763) 514-3066